

ADULT HEPATITIS VACCINE PROJECT (AHVP)

RETURN OR TRANSFER OF AHVP VACCINES REPORT



Instructions:

1. Please print or type. Complete this form and then fax (toll-free) a copy to (877-329-9832).
2. Make a copy of this form for your records. Enclose the original copy of the form in the package with the non-viable or expired vaccines you are returning to the AHVP Program.
You may use request a prepaid return label from AHVP by calling 877-243-8832
3. McKesson Specialty does not accept viable vaccine returns directly from providers. Please contact the AHVP Program for instructions and approval of viable vaccine returns at 877-243-8832.
4. Clearly label the outside of the shipping container "Non-viable Vaccine enclosed".
5. Do not return viable vaccine to the state without prior approval of the AHVP Program.

Return vaccine to: McKesson Specialty Distribution Center, 3775 Seaport Blvd., West Sacramento, CA 95691, Attn: Randy Mohring

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		PIN
MAILING ADDRESS (NUMBER/STREET)		COUNTY
CONTACT PERSON	CITY	DATE
TELEPHONE NUMBER	ZIP CODE	
TITLE		
FAX NUMBER		

VACCINE TYPE	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES	TRANSACTION CODE (SEE BELOW)	FOR STATE USE ONLY			
						VACCINE RECEIVED IN GOOD CONDITION?			COMMENTS
						YES	NO	N/A	

TRANSACTION CODES—Enter one of these codes into the column above. Provide additional information as required.

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
1	Viable Vaccine— Transferred to Another AHVP Provider	NAME	PIN	TELEPHONE	You need the prior approval of the VFC Program to transfer AHVP vaccine to another AHVP provider.
2	Viable Vaccine— Received from Another AHVP Provider	NAME	PIN	TELEPHONE	
3	Spoiled Vaccine— Returned to the AHVP Program	Reason for Spoiled Vaccines (check all that applies) <input type="checkbox"/> Vaccine storage unit failure <input type="checkbox"/> Power outage/Natural disaster <input type="checkbox"/> Failure to stop vaccines property upon receipt <input type="checkbox"/> Damaged/Spoiled during shipment to site <input type="checkbox"/> Other _____			You must send the AHVP Program, with this report, a letter detailing the events (e.g., power outage) that resulted in spoiled vaccine.
4	Expired Vaccine— Returned to the AHVP Program				